CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

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City of Las Vegas/State of Nevada

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Cedric Kerns Slame (print)	Office (if	Las Vegas Munici applicable)	<u> </u>	[District (if applicable)
failing Address (include city and zip code)				Telephone No.	005
-Mail Address					
Select Appropriate Box(es) CANDIDATE PAC 3 Report Filing – Due May 31, 2 Period: January 1, 2005 – December		p.a.line	TY IND EXP	AMENDED A	WAR FILING VED 2: 40
CONTRIBUTIONS SUMMA	ARY			This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
1. Total Monetary Contributions Received in	Excess	of \$100		9850.00	188,990.00
2. Total Monetary Contributions Received of	f \$1 00 or	Less		500.00	12,875.00
		This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period		
 Total Amount of Monetary Contribution Received (Add Lines 1 and 2) 	ıs				201,865.00
Total Value of In Kind Contributions Recei Excess of \$100	ived in	0	0		-
	EXP	ENSES SU	IMMARY		
5. Total Monetary Expenses Paid in Excess	of \$100			17,800.00	194,326.37
6. Total Monetary Expenses Paid of \$100 or				0	1,167.62
7. Total Amount of All Monetary Expenses (Add Lines 5 and 6)8. Total Value of In Kind Expenses in Excess			1	17,800.00	195,493.99
of \$100					
Doubert Haday Deschiert Deiter William		AFFIRMAT			
Declare Under Penalty of Perjury That the For	egoing i	is True and C	orrect.		
gna kure			7/12/5		

Revised: Jan-04

Cedric Kerns	Las Vegas Municipal Court	
Name (print)	Office (if applicable)	District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
<u></u>		T	
David Mason 1128 S. Rancho Dr. Las Vegas, Nv 89102	6-21-05	300.00	
Sierra Health Services P.O. Box 15645 Las Vegas, NV 89114	6-21-05	300.00	
Tropicana Hotel 3801 LV Blvd. S Las Vegas, NV 89109	6-21-05	2000.00	
MGM/ MIRAGE	6-21-05	1000.00	
Dollar Loan Ctr. 6122 W. Sahara Las Vegas, NV 89146	6-21-05	1000.00	
CF Lee Medi Legal Inc 2770 S. Maryland Pkwy Las Vegas, NV 89109	6-21-05	200.00	
Associated Chapels Inc, 2855 Las Vegas Blvd. S. Las Vegas, NV 89109	6-21-05	1000.00	
Chris Rasmussen Ctd. 330 S. 3 rd st. #100 Las Vegas, NV 89101	6-30-05	250.00	
Joseph Carmango 302 E. Carson Ave. #612 Las Vegas, NV 89101	6-30-05	500.00	
Irwin Molasky 3111 S. Maryland Pkwy Las Vegas, Nv 89109	6-30-05	250.00	
Stout Management Co. 1900 Jones Blvd. Las Vegas, NV 89146	6-30-05	300.00	

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Republic Services P.O. Box 98508 Las Vegas, NV 89031	6-30-05	1000.00	
Marquis & Aurbach 1001 Park Run Dr. Las Vegas, NV 89145	6-30-05	500.00	
Jimmerson Hansen P.C. 415 S 6 th ST #100 Las Vegas, NV 89101	7-12-05	250.00	
Harrah's Operating Co 1023 Cherry Road Memphis, TN 38117	7-12-05	1000.00	

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port	Period	Α

Cedric A. Kerns	Las Vegas Municipal Court	
Name (print)	Office (if applicable)	District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Н
** Goods and services provided in kind for which money would otherwise have been paid	l
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	к

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^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

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- 1	

Cedric Kerns	Las Vegas Municipal Court	
Name (print)	Office (if applicable)	District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Southwest Strategies	F	6-21-05	1600.00
		6-2-05	500.00
		7-12-05	500.00
Cedric Kerns	J	5-31-05	10,000.00
		6-28-05	500.00
Victor Rosales	В	7-11-05	200.00

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IN KIND CONTRIBUTIONS AND EXPENSES REPORT

IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.

In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a

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campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.

The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

Examples of in kind contributions: (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

Example of in kind expenses: (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.

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Report Period	Α

Cedric Kerns	Las Vegas Municipal Court	
Name (print)	Office (if applicable)	District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
N/A				
				- That
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Α

Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
N/A			

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Prescribed by Secretary of State NRS 294A.120, 294A.125, 294A.140, 294A.150, 294A.160 294A.200, 294A.210, 294A.220, 294A.362